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**WORSBOROUGH
URBAN DISTRICT COUNCIL
(Yorks.)**

**ANNUAL
REPORT**

of the
**MEDICAL OFFICER OF HEALTH
and**

SANITARY INSPECTOR

for the Year 1953

Hibbert, Ashton & Youel, Ltd.

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URBAN DISTRICT COUNCIL
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PUBLIC HEALTH COMMITTEE.

Chairman of the Council : Councillor R. Atkinson, B.E.M., J.P.

Chairman : Councillor R. Atkinson, B.E.M., J.P.I.

Messrs. Councillors C. W. Boland, A. O. Elmhirst, C. W. Guest, H. Ibbotson, G. Schofield, F. Scothorn, W. Smith, W. Wadsworth, A. Wantling, A. Whittaker and H. Wootton.

PUBLIC HEALTH STAFF.

Medical Officer of Health :

R. S. Hynd, M.B., Ch.B., D.P.H.

Medical Officers of Infant Welfare Clinics : (Part time)

Birdwell Clinic : J. S. L. Allott, M.B., Ch.B., D.P.H.

Blacker Hill Clinic : J. H. Fairclough, M.B., Ch.B.

Worsborough Bridge Clinic : C. B. Ball, L.M.S.S.A.

Worsborough Dale Clinic : J. H. Ritchie, M.B., Ch.B.

Medical Officers of Ante-Natal Clinics : (Part time)

Birdwell Clinic : J. H. Ritchie, M.B., Ch.B.

Worsborough Bridge Clinic : K. Mathers, M.B., Ch.B.

Worsborough Dale Clinic : K. Mathers, M.B., Ch.B.

Chief Sanitary Inspector :

L. Dove, Cert. S.I.B., M.S.I.A., Certificated Inspector of Meat and Other Foods.

Additional Sanitary Inspector :

W. Wadsworth, Cert. S.I.B., M.S.I.A.

Health Visitors :

M. Barlow, S.R.N., S.C.M., H.V.Cert.

P. E. Mortimer, S.R.N., S.C.M., H.V.Cert

F A. Manley, S.R.N., S.C.M., H.V.Cert.

Tuberculosis Visitor :

M Mellor, S.R.N.

Senior Clerk, Divisional Health Office :

L. S. Wrigg.

WORSBOROUGH URBAN DISTRICT COUNCIL

Divisional Health Office,

6, Victoria Road,

BARNSELEY.

August, 1954.

ANNUAL REPORT

for the year ended 31st December, 1953.

To the Chairman and Members of the Worsborough Urban District Council.

Mr. Chairman, Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1953. The report has the same general outline as those for previous years and includes once again a survey of the health services for which the County Council is the administrative authority. A brief statement of and comment upon the hospital arrangements have also been included to give as complete a picture of the total health services as possible.

The Registrar General has again supplied comparability factors for both the birth rate and death rate and the adjusted rates are, therefore, strictly comparable with similar adjusted rates for the districts and with the rates for the country as a whole.

The Vital Statistics were satisfactory though perhaps a little less so than those for 1952 but the variations were so small as to be without statistical significance. The main features of the Infectious Diseases notifications were the high incidence of Measles in the first half of the year and the marked decline in Whooping Cough as compared with the previous year.

I would like to take this opportunity to thank the Chairman and members of the Health Committee for their support and continued interest in all matters relating to the health of the district, my divisional health staff for their willing assistance and your Chief Sanitary Inspector, Mr. L. Dove, for his help and loyal co-operation.

I am,

Your obedient servant,

R. S. HYND,

Medical Officer of Health.

URBAN DISTRICT OF WORSBOROUGH.

Statistics and Social Conditions :

Area	3,420 acres
Population (Census 1951)	14,155
Registrar General's estimate of population mid 1952	14,270
Registrar General's estimate of population mid 1953	14,390
No. of inhabited houses according to rate book 31st December, 1953	4,144
Rateable value 31st December, 1953	£51,635
Nett product of a Penny Rate (1953-1954)	£197/11/4d.

Coal mining is the principal occupation of the population. Other industries in the district include 3 small textile factories, a saw mill and a shoe factory and though the number of persons employed in these concerns is perhaps small they, nevertheless, help in some measure in the industrial life of the district.

VITAL STATISTICS.

Live Births.

	Male	Female	Total
Legitimate	140	115	255
Illegitimate	5	4	9
TOTAL	145	119	264

The number of live births registered showed an increase of 30 over the previous year. The Registrar General again supplied a comparability factor which relates the proportion of women in the district of child-bearing age with the proportion in a standard population. The crude birth rate

multiplied by the comparability factor gives an adjusted birth rate which is comparable with similar adjusted birth rates in other districts and with the birth rate for the country as a whole. The adjusted birth rate for your district last year was 19.3 per 1,000 estimated population as compared with 17.4 per 1,000 estimated population in 1952 and with 15.5 per 1,000 estimated population for England and Wales. The excess of births over deaths, or the natural increase of population, was 136 as compared with 103 for the previous year.

Still Births.

				Male	Female	Total
Legitimate	.....	.....	.....	6	3	9
Illegitimate	.....	.....	.....	—	—	—
				6	3	9

The still birth rate was 0.63 per 1,000 estimated population as compared with 0.35 per 1,000 estimated population in 1952 and with 0.35 per 1,000 estimated population for England and Wales.

Deaths.

The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 10.7 per 1,000 estimated population as compared with 10.4 per 1,000 estimated population for the previous year and with 11.4 per 1,000 estimated population for England and Wales. There were 128 deaths among the inhabitants of your district during the year as against 124 deaths in the previous year. The principal causes of death in order of numerical importance were: heart and circulatory diseases, respiratory diseases, cancer. Deaths from cardiac and respiratory diseases increased, deaths from Tuberculosis were less and deaths from cancer were unchanged. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

Infantile Mortality.

The infantile mortality rate last year was 37.9 per 1,000 live births as compared with 25.3 per 1,000 live births in 1952 and with 28.6 per 1,000 live births for England and Wales. The neo-natal mortality rate or the deaths within the first month was 22.7 per 1,000 live births.

The fluctuations in the annual infantile mortality rate was once again apparent but while we must feel regret at the increased rate last year we cannot feel surprise. Each year we examine critically the infantile mortality table and each year the table shows the same broad pattern as before. Last year 60% of the deaths were in the neo-natal period and 50% were due to such causes as prematurity, birth injury and congenital malformations over which we can exercise little control. If we leave this group aside once again we find that the remainder of the deaths were due to infection in one form or another. Deaths from infections of the respiratory or alimentary tracts are shown each year in the infantile mortality table and Bronchitis, Broncho-Pneumonia and Gastro-Enteritis are diagnoses with which we are only too painfully familiar. How we can prevent infection in infants is uncertain for even with the best will in the world and with favourable home conditions prevention of infection is by no means always easy. But no matter what the difficulties in preventing infection we cannot make reasonable headway until we recognise the problem and admit its importance for it is only when we acknowledge the facts that we can really get on with the cure.

INFANTILE MORTALITY IN 1953.
Nett deaths from stated causes under one year of age.

Cause of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Prematurity	2	—	—	—	2	—	—	—	—	2
Congenital Malformations	—	—	—	—	—	—	1	1	—	2
Cerebral Haemorrhage	1	—	—	—	1	—	—	—	—	1
Gastro-Enteritis	—	—	1	—	1	—	—	—	1	2
Broncho-Pneumonia	—	1	—	1	2	—	1	—	—	3
TOTALS	3	1	1	1	6	—	2	1	1	10

Infantile Mortality Rate.

1944	66.22	1949	43.13
1945	35.58	1950	29.9
1946	35.08	1951	52.4
1947	44.52	1952	25.3
1948	39.60	1953	37.9

Deaths in Age Groups.

	Males	Females	Total
Under 1 year	7	3	10
1—5 years	—	—	—
5—10 years	—	—	—
10—15 years	—	1	1
15—20 years	—	—	—
20—25 years	—	—	—
25—35 years	2	1	3
35—45 years	1	—	1
45—55 years	6	3	9
55—65 years	15	7	22
65—70 years	6	4	10
70—75 years	16	10	26
75—80 years	13	8	21
80—85 years	10	11	21
85—90 years	3	1	4
90 years and over	—	—	—
TOTALS	79	49	128

CAUSES OF DEATH IN 1953.

CAUSES OF DEATH.	Males	Females
1. Tuberculosis, Respiratory	3	—
2. Tuberculosis, other	—	—
3. Syphilitic Disease	—	—
4. Diphtheria	—	—
5. Whooping Cough	—	—
6. Meningococcal Infections	—	—
7. Acute Poliomyelitis	—	—
8. Measles	—	—
9. Other infective and Parasitic Diseases	—	—
10. Malignant Neoplasm, Stomach	2	1
11. Malignant Neoplasm, Lung, Bronchus	1	—
12. Malignant Neoplasm, Breast	—	1
13. Malignant Neoplasm, Uterus	—	—
14. Other Malignant and Lymphatic Neoplasms	7	3
15. Leukaemia, Aleukaemia	2	1
16. Diabetes	—	—
17. Vascular Lesions of Nervous System	3	4
18. Coronary Disease, Angina	7	4
19. Hypertension with Heart Disease	—	3
20. Other Heart Disease	12	11
21. Other Circulatory Disease	3	4
22. Influenza	1	—
23. Pneumonia	6	2
24. Bronchitis	13	4
25. Other Diseases of Respiratory System	1	—
26. Ulcer of Stomach and Duodenum	1	1
27. Gastritis, Enteritis and Diarrhoea	2	2
28. Nephritis and Nephrosis	—	—
29. Hyperplasia of Prostate	1	—
30. Pregnancy, Childbirth, Abortion	—	—
31. Congenital Malformations	1	—
32. Other defined and ill-defined diseases	9	8
33. Motor Vehicle Accidents	1	—
34. All other Accidents	2	—
35. Suicide	1	—
36. Homicide and operations of war	—	—
All causes	79	49

Birth Rates, Death Rates, Analysis of Mortality, Maternal Mortality and Case-rates for certain Infectious Diseases in the Year 1953. Provisional figures based on Quarterly Returns.

	Worsboro' U.D.	England and Wales	160 County Boroughs and Great Towns (inc. London)	160 smaller towns (Resident population 25,000 - 50,000 at 1951 census)	London admini- strative County
	Rates per 1,000 Home population				
Births :					
Live Births	19.3	15.5	17.0	15.7	17.5
Still Births	0.63	0.35	0.43	0.34	0.38
Deaths :					
All causes	10.7	11.4	12.2	11.3	12.5
Typhoid and Para- Typhoid	—	0.00	0.00	—	—
Whooping Cough	—	0.01	0.01	0.00	0.00
Diphtheria	—	0.00	0.00	0.00	—
Tuberculosis	0.21	0.20	0.24	0.19	0.24
Influenza	0.07	0.16	0.15	0.17	0.15
Smallpox	—	0.00	0.00	0.00	—
Acute Poliomyelitis (including Polio- encephalitis)	—	0.01	0.01	0.01	0.01
Pneumonia	0.56	0.55	0.59	0.52	0.64
Notifications (corrected) :					
Typhoid	—	0.00	0.00	0.00	0.01
Para-Typhoid	—	0.01	0.01	0.01	0.01
Meningococcal Infection	0.07	0.03	0.04	0.03	0.03
Scarlet Fever	1.74	1.39	1.50	1.44	1.02
Whooping Cough	1.12	3.58	3.72	3.38	3.30
Diphtheria	—	0.01	0.01	0.01	0.00
Erysipelas	0.49	0.14	0.14	0.13	0.12
Smallpox	—	0.00	0.00	0.00	—
Measles	18.68	12.36	11.27	12.32	8.09
Pneumonia	2.15	0.84	0.92	0.76	0.73
Acute Poliomyelitis (including Polio- encephalitis)					
Paralytic	0.07	0.07	0.06	0.06	0.07
Non-Paralytic	—	0.04	0.03	0.04	0.03
Food Poisoning	0.14	0.24	0.25	0.24	0.38
	Rates per 1,000 Live Births				
Deaths :					
All causes under 1 year of age	37.9	26.8	30.8	24.3	24.8
Enteritis & Diarrhoea under 2 years of age	7.58	1.1	1.3	0.9	1.1
Notifications (corrected) :	Rates per 1,000 (Total Live and Still) Births				
Puerperal Fever and Pyrexia	12.65	18.23	24.33	12.46	28.61

Maternal Mortality in England and Wales.

Intermediate List Number and Cause	No. of Deaths	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15-44
A115 Sepsis of Pregnancy, child- birth and the puerperium.	68	0.10	1
Abortion with toxæmia	7	0.01	
A116 Other toxæmias of pregnancy and the puerperium	166	0.24	
A117 Haemorrhage of pregnancy and childbirth	90	0.13	
A118 Abortion without mention of sepsis or toxæmia	30	0.04	3
A119 Abortion with sepsis	39	0.06	4
A120 Other complications of pregnancy, childbirth and the puerperium	125	0.18	

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1953. Based on the Registrar General's Figures.

	Worsboro' Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (Prov'nal figures)
Birth Rate per 1,000 estimated population:				
Crude	18.3	15.4	15.7	15.5
Adjusted	19.3	15.5	16.0	
Death Rate per 1,000 estimated population:				
Crude	8.9	12.5	11.6	11.4
Adjusted	10.7	12.6	12.1	
Infective and parasitic Diseases excluding Tuber- culosis but including Syphilis and other Venereal Diseases	—	0.09	0.08	Not available
Tuberculosis:				
Respiratory	0.21	0.17	0.16	0.18
Other	—	0.02	0.02	0.02
All forms	0.21	0.19	0.18	0.20
Cancer	1.11	1.99	1.88	1.99
Vascular Lesions of the Nervous System	0.49	1.96	1.76	Not available
Heart and Circulatory Diseases	3.06	4.63	4.26	Not available
Respiratory Diseases	1.88	1.39	1.30	Not available
Maternal Mortality	—	0.38	0.51	0.76
Infant Mortality	37.9	27.6	29.2	26.8
Neo-natal Mortality		17.4	18.6	17.7
Still Births	33.0	25.0	24.7	22.4

General Provision of Health Services in the Area.

The provision of residential accommodation for the aged and infirm and for those in need of care and attention rests with the County Council. Requests for such accommodation last year were few and most of the applicants were found suitable vacancies without delay. There was some shortage of ground floor accommodation in the hostels for those older patients whose infirmities prevented them from climbing stairs. These patients might be classified as "border-line" cases between the aged infirm group and the aged sick and herein lies a difficulty, for the responsibility for the aged infirm rests with the Local Health Authority whereas the responsibility for the aged sick rests with the Regional Hospital Board. It is this group of aged people who require ground floor hostel accommodation and an increase in the number of applicants from this group for residential accommodation was apparent. Happily there has been established between the Local Authority and the Hospital Management Committee a close understanding on the health and welfare of the aged, and in consequence, difficulties in deciding whose responsibility for the residential care of the "border-line" group of aged persons seldom occurred.

I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

As in previous years, I make brief comment upon the hospital services for the district. The hospital needs of the acute sick and of maternity patients, both as regards in-patient and out-patient treatment were, as usual, well provided for by the Sheffield and Barnsley hospitals. The arrangements for hospital treatment for those suffering from infectious diseases were excellent and vacancies in sanatoria for tuberculosis patients were usually obtained without undue delay. Accommodation for the chronic sick, while improved was not always completely adequate and difficulty in obtaining admission was experienced during certain periods of the year. While a seriously ill patient of whatever age or disease is always found immediate hospital accommodation where hospital treatment is essential it is not always appreciated that the same urgency for hospital admission might arise, not on medical but on social grounds. The old person, living alone, who while not gravely ill nevertheless shows

evidence of general physical deterioration, the household caring for the chronic sick patient who becomes further harrassed by acute sickness in another member of the household; both of these are instances where admission to hospital is a matter of urgency on social grounds. Until this class of patient can be given hospital admission with as equal expedition as that given to the acute sick there will always be something lacking in the provisions of the hospital services. I would like to write that the hospital accommodation for the mentally defective person was improved last year, but I regret to state it remained unaltered and unsatisfactory. I do not forget that the local health authority has definite responsibility for the health and welfare of the mentally defective and the effective discharge of that responsibility was made easier by the agreement with the Barnsley County Borough to admit mentally defective children for training in their Occupation Centre. Thirteen such children from the division attended the Centre regularly last year to the mutual benefit of the children and their respective families. Further improvement in the situation may be expected in the future for the County Council has agreed to convert that part of The Gables, Wombwell, until recently used as the Divisional Health Office, into an Occupation Centre. I am certain that the more facilities made available for the training of mentally defective children, particularly in Occupation Centres, the less need there will be to seek institutional accommodation though the need will always remain for those in whom the degree of mental deficiency is severe.

General Hospitals.

The general hospitals serving your district and administered through the Sheffield Regional Board are given below :

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

Infectious Diseases Hospitals.

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

Maternity Hospitals.

Maternity cases were usually admitted to the following hospitals :

St. Helen Hospital, Barnsley.
Montagu Hospital, Mexborough.
Hallamshire Maternity Home, Chapeltown.
Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

Tuberculosis Scheme.

Liaison between the Chest Centre and the Health Department was maintained though with some difficulty in the latter part of the year because of the resignation of the Tuberculosis Visitor, a staff vacancy which, unfortunately, it was found impossible to fill. Preventive work in the districts was carried on by the Health Visitors but the clinical side of prevention was not so complete because of lack of personal contact between the nurse and the Chest Centre. While I deprecate unnecessary splitting of the work of Health Visitors into specialised compartments, I am of the opinion that employing one Health Visitor whole-time in the field of Tuberculosis work as against employing many part-time, along with their other duties, has certain advantages and particularly in strengthening the link between the Chest Centre and the Health Department. Despite the shortage of suitably qualified nurses it is hoped the existing vacancy for a Tuberculosis Visitor will be filled next year.

After-care arrangements included extra-nourishment, when recommended by the Chest Physician, in the form of free milk allowance, and bed, bedding and other equipment were loaned to patients where necessary to help in the preventive measures in the home.

The programme of the clinics held at the Chest Centre, 46, Church Street, Barnsley, is given below.

Tuesday	.....	.....	10-0 a.m. to 12-0 noon (Children)
Wednesday	.....	.....	10-0 a.m. to 12-0 noon
Wednesday	.....	.....	2-0 p.m. to 4-0 p.m.
Thursday	.....	.....	10-0 a.m. to 12-0 noon
Friday	.....	.....	10-0 a.m. to 12-0 noon

Venereal Diseases.

The nearest centre for Worsborough patients for the diagnosis and treatment of these diseases is in Barnsley.

Address : Special Treatment Centre, Queen's Road,
BARNSELEY.

Other centres are situate at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

Ambulance Service.

Each succeeding year sees the demands on the ambulance service grow and last year was no exception to the rule. While the stretcher-case figure remains relatively unchanged the out-patient traffic was heavier and 24,000 more out-patients were carried than in 1952. The increase, while making severe demands on the service and its organisation, was accomplished without any increase in either the vehicle strength or personnel establishment.

Certain improvements in the service, very necessary from the patient's viewpoint, were made; for example the waiting time in the out-patient departments for return ambulances was cut and the discharges from hospital by ambulance were speeded up. Almost the whole of the ambulance service is devoted to hospital work in one form or other and it should be appreciated that by far and away the largest number of authorisations for ambulances are given by members of the hospitals' staffs. It is obvious therefore that the closest liaison must exist between the ambulance service and the hospital staffs and to this end the Regional Hospital Board encourages each hospital to appoint a hospital ambulance officer. Only when the co-operation between ambulances and hospital authorities is uniformly good throughout the area will the ambulance service operate at its maximum efficiency and economy.

Home Nursing.

It is a happy choice that the section on Home Nursing should follow immediately that on the Ambulance Service for both services perform related duties and both have expanded rapidly in the past few years. The Home Nursing service

now has to deal with four times the number of visits it did at its inception in 1948 and there is no evidence as yet of any fall in demand. In the main it is the organisation of the service and the increased mobility of the nursing staff which has made this achievement possible, governed, of course, by the over-riding factor of the willingness of the nurses at all times to serve the needs of the sick and the pride they have in their vocation. Organisation has made possible better team work and it is team work that is the strength of the service. But team work is only possible when the nurses, because of their mobility, are in a position to help each other and mobility implies adequate transport facilities for each nurse. Mobility in home nursing is the key to efficiency for without mobility team work is not a practical proposition. Off duty hours and sickness among the staff must be provided for, but not at the expense of the patients, and because illness knows no boundaries the concentration of effort must always be directed to where the need is greatest. It is interesting to note that the four-fold increase in the number of home visits has been accomplished with only a 60% increase in the nursing staff, a fact which surely proves the value of adequate transport for each nurse. The less time spent in travelling the more time each nurse can spend with her patients and the more patients she can visit.

✧ Once again the home nursing service proved of inestimable value to the patients, family doctors and hospitals alike. With the introduction of the biological drugs more diseases are now treated by injections and more and more injection therapy is being undertaken by the Home Nurses under the direction of the family doctor. The saving in hospital beds must be quite appreciable for patients can be discharged much earlier when the hospital staff have confidence in the Home Nursing Service and know that efficient nursing treatment will be given at home. The Home Nursing Service is not a new venture but an old service which has grown considerably in stature in the past few years and whose benefits have become more and more widespread among the community.

Home Helps.

Though the establishment of Home Helps for the division was increased on the 1st January, 1953, from 13 whole-time workers or their equivalent in part-time workers to 17, so that all demands on the service could be met, additional assistance

from the central pool had to be sought in the last quarter of the year. Despite, therefore, an appreciably larger home help establishment the demand still exceeded the supply, showing, I believe, not an increase in the number of the aged population or in the amount of illness but a greater awareness and acceptance of the service by the community. It was true that few applicants for domestic help paid little, if anything, towards the cost of the service, but it must be accepted that the purpose of the service is to help those who cannot help themselves and not to provide cheap labour for those who can. Nevertheless, even accepting as we must this principle, the question of how far the continued expansion of the service can be allowed to proceed must receive earnest consideration and at all times we must ensure that the allocation of the available home help hours is both wise and fair. The principle of giving the minimum help to the maximum number was upheld last year as in previous years which meant that though few applicants were completely satisfied with the amount of help given, all at least, got some help.

A study of the list of applicants in the past few years is revealing for what began in the war years as a service to assist households during a domiciliary confinement has now become a service, in the main, for aged people. Taken at any one time it will be found that 90% of the applicants receiving domestic help belong to the aged and infirm group and this is one of the reasons why an expansion of the service must be expected. The infirmities of old age are progressive, however, slowly, and the need for help once applied for, increases as time goes by. Large numbers of aged people receiving help at the beginning of the year were still receiving help at the end, one applicant indeed has now been given help for four years and his present need is even greater than it was when he first applied.

New applicants, therefore, lengthen a list already long with the names of aged people. Because of the number of aged people needing help the amount of help given is usually small and often averages only six hours per week. While not advancing it as an excuse for failing in some instances to provide sufficient home help hours to the aged, it is an accepted medical opinion that the aged infirm should be kept ambulant where at all possible. In particular the aged person suffering from arthritis reacts badly to inaction and immobilisation and

to retain the mobility of joints an aged person must exercise them. This physical necessity is appreciated by the sufferers much more than it is by relatives and friends and encouragement and help to the infirm in doing a job is often better than relieving them entirely of the work.

We must recognise the impossibility of providing from official resources all the help the aged need to make life worth living. The scope for voluntary help remains as great as ever and it is up to the community at large not only to recognise this fact but to act upon it.

Laboratory Service.

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

Maternity and Child Welfare Service.

The four maternity and child welfare centres serving the district are situate at Worsborough Bridge, Worsborough Dale, Birdwell and Blacker Hill. During the year 765 children made 8,875 attendances at the welfare clinics and 3,745 examinations were made by the clinic medical officers. 287 children were seen for the first time of whom 280 were under one year of age. The health visitors made first visits to 270 infants. The number of re-visits to infants and toddlers was 819 and 1,844 respectively. 3,264 home visits of a miscellaneous nature were also made, giving a grand total of 6,197 home visits.

While the collection of attendance records is helpful in many ways nevertheless we must judge clinics on their function and the results they achieve rather than on their popularity. Welfare Clinics were established with the purpose of reducing infant mortality and morbidity and it remains their primary function. By the instruction of mothers in the art of mothercraft we aim to maintain babies in health and we do not profess to prescribe for the sick

child. We are in no way in competition with the family doctor for the clinics have a preventive rather than curative outlook and we expect to be consulted during health rather than in sickness. To some extent we regard sickness among the infant population as a measure of our failure.

The clinics are only one part of infant welfare for we must follow-up the instruction given at the clinics by visits to the home. There the health visitor sees the child in her normal surroundings and can help the mother to translate the theory of mothercraft into practice. Home visitation by the health visitor is very important and can be very useful to mothers if they regard the health visitor as a nurse and friend and not just another official of the welfare state. Their job is to help and encourage mothers in infant management and I believe they are acceptable to the community because this is generally understood.

The attendances at the ante-natal clinics have varied but have remained quite high at the Worsborough Bridge and Woresborough Dale Clinics. What I am sure of is that the standard of ante-natal care given to all patients in Worsborough, whether by the hospitals, the family doctor or the clinic is good and all expectant mothers, while exercising their undoubted right of choice, are taking advantage of the facilities offered. The ante-natal exercises classes held at all the clinics can only be said to be thriving and the beneficial results of their activities have long ago been felt.

Maternity and Child Welfare Clinics.

Birdwell Methodist Church:

Ante-Natal Clinic, Tuesday, 2-0 p.m. to 4-0 p.m. (fortnightly)
Infant Welfare Clinic, Wednesday, 2-0 p.m. to 4-0 p.m.

Blacker Hill Methodist Chapel:

Infant Welfare Clinic, Thursday, 2-0 p.m. to 4-0 p.m.

Worsborough Bridge, St. John Ambulance Hall:

Ante-Natal Clinic, Tuesday, 2-0 p.m. to 4-0 p.m. (fortnightly)
Infant Welfare Clinic, Monday, 2-0 p.m. to 4-0 p.m.

Worsborough Dale, Community Centre:

Ante-Natal Clinic, Tuesday, 2-0 p.m. to 4-0 p.m. (fortnightly)
Infant Welfare Clinic, Tuesday, 2-0 p.m. to 4-0 p.m.
Ultra-Violet Light Clinic, Monday and Friday, 1-30 p.m. to 3-30 p.m.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

I am indebted to Mr. J. Shepherd, your Engineer and Surveyor, for the following report :

Sewerage.

During the year 1953 the following lengths of additional foul and surface water sewers were laid in connection with new housing development, Elm House Scheme No. 7, White Cross Estate.

448 yards of 6" Foul Sewer.

124 yards of 9" Foul Sewer.

227 yards of 6" Surface Water Sewer.

154 yards of 9" Surface Water Sewer.

80 yards of 12" Surface Water Sewer.

738 yards of 15" Surface Water Sewer.

Sewage Disposal Works.

During the year the Birdwell Sewer was relayed to bring the sewage into the head of the works, and the effluent from the Rockingham Pit Head Baths was also taken into the sewers.

Samples of effluent taken during the year at the Worsborough Dale Sewage Works have been satisfactory.

Water Supply.

The total consumption of water during the year amounted to 132,141,000 gallons; of this some 109,571,000 gallons were taken by domestic consumers. This shows the consumption per head per day to be 25.6 gallons made up of 21.20 gallons per head per day domestic and 4.40 gallons per head per day industrial and commercial.

The Council also supplied 5,400 gallons per day in bulk to Tankersley in the Wortley Rural District Council Area.

During the year some 920 yards of 4" water mains and 277 yards of 3" mains were laid in connection with housing development.

The usual high standard of purity of water was maintained as shewn by the Analyst's report to the Barnsley County Borough for supplies from the Midhope Supply.

The consumption during the year is rather excessive due to colliery subsidence.

Rainfall.

Daily readings of rainfall are taken at the Council's Sewage Works and the monthly totals during 1953 were as follows :—

		1952.	1953.
January	.....	1.97 inches.	0.42 inches.
February	.....	0.46 inches.	0.30 inches.
March	..... ..	1.51 inches.	0.61 inches.
April	..... ..	1.69 inches.	2.31 inches.
May	..... ..	1.90 inches.	1.84 inches.
June	..... ..	0.96 inches.	1.78 inches.
July	..... ..	1.62 inches.	2.18 inches.
August	..... ..	1.10 inches.	2.38 inches.
September	.....	1.68 inches.	1.41 inches.
October	..... ..	3.85 inches.	1.55 inches.
November	.....	1.34 inches.	1.84 inches.
December	.....	1.73 inches.	1.29 inches.
		<hr/>	<hr/>
		19.81 inches.	17.73 inches.
		<hr/>	<hr/>

This is the lowest rainfall recorded at the Council's Sewage Works, since the gauge was installed in 1947.

Housing.

The number of houses completed during 1953 was as follows :—

3 bedroom type houses (contract)	.....	.....	32
3 bedroom type (Direct Labour)	.....	.....	28
3 bedroom type New Traditional	.....	.....	32
(Spooner Houses)			
Private Enterprise	.....	.....	3
			<hr/>
			95
			<hr/>

Two new flats Oustlethwaite Hall under the Improvement Grant Scheme were completed and an application for an improvement grant for a house in Worsborough Bridge was approved. There is every indication that this Improvement Grant Scheme will increase considerably in 1954.

Recreation Grounds.

During 1953 the Recreation Grounds at Worsboro' Dale and Ward Green were graded by Mechanical Graders and it is hoped that seeding will take place in 1954.

An additional Tennis Court was constructed at Ward Green, bringing the number of Public Tennis Courts in the district to ten.

A new footpath was constructed through Jarrett Royd Wood which was given to the Council by Councillor A. O. Elmhirst and was named at the request of the Community Association "Coronation Walk". This replaces the original footpath through the recreation ground, and adds a very pleasing amenity to the district.

INFECTIOUS DISEASES.

A total of 372 cases of infectious diseases were notified during the year as compared with 335 notified in the previous year. The main features were the marked increase in Measles and the fall in the incidence of Whooping Cough.

**Statement of Notification of Infectious
Diseases received during the year.**

Smallpox	.....	.....	.....	.....	.....	.....	—
Scarlet Fever	.....	.....	.....	.....	.....	.....	25
Diphtheria and Membranous Croup	.....	.....	.....	.....	.....	.....	—
Enteric Fever	.....	.....	.....	.....	.....	.....	—
Pneumonia	.....	.....	.....	.....	.....	.....	31
Puerperal Pyrexia	.....	.....	.....	.....	.....	.....	4
Acute Poliomyelitis (Paralytic)	.....	.....	.....	.....	.....	.....	1
Acute Poliomyelitis (Non-Paralytic)	.....	.....	.....	.....	.....	.....	—
Acute Polio-encephalitis (infective)	.....	.....	.....	.....	.....	.....	—
Acute Polio-encephalitis (post-infectious)	.....	.....	.....	.....	.....	.....	—
Dysentery	.....	.....	.....	.....	.....	.....	4
Ophthalmia Neonatorum	.....	.....	.....	.....	.....	.....	—
Erysipelas	.....	.....	.....	.....	.....	.....	7
Respiratory Tuberculosis (new cases only)	.....	.....	.....	.....	.....	.....	12
Other Forms of Tuberculosis (new cases only)	.....	.....	.....	.....	.....	.....	—
Measles (excluding German Measles)	.....	.....	.....	.....	.....	.....	269
Whooping Cough	.....	.....	.....	.....	.....	.....	16
Meningococcal Infections	.....	.....	.....	.....	.....	.....	1
Food Poisoning	.....	.....	.....	.....	.....	.....	2

Patients removed to Hospital.

Scarlet Fever	.....	.....	.....	.....	.....	.....	18
Measles	.....	.....	.....	.....	.....	.....	5
Whooping Cough	.....	.....	.....	.....	.....	.....	4
Pneumonia	.....	.....	.....	.....	.....	.....	12
Food Poisoning	.....	.....	.....	.....	.....	.....	1
Acute Poliomyelitis (Paralytic)	.....	.....	.....	.....	.....	.....	1
Erysipelas	.....	.....	.....	.....	.....	.....	3
Meningococcal Infections	.....	.....	.....	.....	.....	.....	1

Infectious Diseases in Age Groups.

	Under 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 to 45	45 to 65	65 +	Age U.K.	Total
Pneumonia	—	3	1	4	1	1	5	9	7	—	31
Erysipelas	—	—	—	—	—	—	1	5	1	—	7
Scarlet Fever	—	3	5	15	2	—	—	—	—	—	25
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	5	3	5	3	—	—	—	—	—	—	16
Measles	13	77	93	86	—	—	—	—	—	—	269
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	1	3	—	—	—	4
Acute Poliomyelitis:											
A. Paralytic	—	1	—	—	—	—	—	—	—	—	1
B. Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	1	—	—	—	—	—	—	—	1
Dysentery	—	—	—	3	—	—	—	1	—	—	4
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	1	1	—	2

Distribution in Wards.

	North	South	East	West	Total
Measles	122	48	47	52	269
Whooping Cough	6	1	4	5	16
Scarlet Fever	9	4	1	11	25
Pneumonia	16	4	6	5	31
Erysipelas	2	—	—	5	7
Pulmonary Tuberculosis	5	2	1	4	12
Non-Pulmonary Tuberculosis	—	—	—	—	—
Puerperal Pyrexia	3	—	1	—	4
Food Poisoning	—	—	—	2	2
Acute Poliomyelitis: Paralytic	1	—	—	—	1
Meningococcal Infection	—	1	—	—	1
Dysentery	2	—	—	2	4

Scarlet Fever.

25 cases of Scarlet Fever were notified last year as compared with 12 in 1952. Of the 25 cases, 18 were admitted to hospital more because of the difficulty of nursing and isolation at home than because of the severity of the illness. In general the disease was mild, there were no deaths and no serious complications.

Measles.

There was an epidemic of Measles last year when 269 cases were notified as compared with 119 in 1952. The highest incidence was in the first half of the year with the peak of the epidemic towards the middle of February. The North Ward was the most severely affected with 45% of the total cases. The majority of cases occurred among the pre-school children and 13 infants under one year of age were affected. 5 patients were admitted to hospital but the illness in general was of a mild nature and relatively free from complications.

Whooping Cough.

There was a marked fall in the incidence of Whooping Cough last year when only 16 cases were notified as compared with 168 in 1952. Immunisation against Whooping Cough was offered throughout the year at the clinics and by the family doctor and more and more parents took advantage of the offer. It is too early as yet to expect measurable results from the scheme but I am sure eventually we shall reap the reward.

Smallpox and Diphtheria Prophylaxis.

Last year for the first time I wrote about Smallpox and Diphtheria under the one heading which was related to prophylaxis rather than to the incidence of the diseases for happily in both diseases the incidence was Nil. I am glad to record that neither disease affected the district in 1953 and once again I can concentrate my few remarks on the subject of prevention.

In this country we have had the means of prevention against Smallpox for over a century, but though we have the means we have not, unfortunately, the application. The best and safest time for primary vaccination is during infancy for then the constitutional disturbance and local reaction are minimal. Of the approximately 260 babies in the district under one year of age, 81 were vaccinated last year or just over 30% of the total. This is much the same percentage as were vaccinated in 1952 and while it compares favourably with many similar urban areas it is still a long way from perfection. Infant vaccination must always be encouraged while ever the risk of Smallpox remains and we must hope that our efforts to promote infant vaccination will receive a better response from parents in the future.

The diphtheria immunisation statistics presented last year a much brighter picture than those for vaccination but here again there is room for improvement. The statistics for 1953 showed that 68.6% of all children between the ages of 0-14 years were immunised, with 42.5% of the children in the age group 0-4 years, and 80.5% of the children in the age group 5-14 years protected. Compared with the previous year the percentage in the younger age group was slightly higher and in the older age group slightly lower. The disparity in the percentage immunised in the two age groups still persists and it is an unhappy fact that for many years the majority of children in the lower age group remain unprotected until they begin their school life. Last year 164 children were given their primary immunisation at school, 164 children whose parents presumably could not be bothered before to avail themselves of the facilities offered. This strange indifference is an attitude of mind very difficult to counteract while diphtheria is only conspicuous by its absence, but it is a difficulty we must overcome if we wish to remain safe from a visitation of the disease.

Food Poisoning.

Two isolated instances of food poisoning were reported last year with one patient admitted to hospital for treatment.

In a district with the population of Worsborough two cases of food poisoning in one year is very small but it is certain more cases occur in any community than are reported and statistics in food poisoning do not usually reflect the true incidence. Much time has been spent by your Chief Sanitary Inspector on the food hygiene in shops and, acting on his suggestions, the shopkeepers have made many improvements both in structural alterations and equipment. The importance of food hygiene and the necessity for all to play a part is slowly becoming more accepted by the population and further improvements in the general standard of food handling can be expected. But the problems of food hygiene will not be met by achieving a high standard and then resting on one's laurels, the conscious efforts of all at all times will always be necessary if the high standard is to be maintained.

Tuberculosis.

There were 12 new cases of Pulmonary Tuberculosis but no new cases of Non-Pulmonary Tuberculosis notified last year as compared with 10 and 5 respectively in 1952. 3 deaths last year were due to Pulmonary Tuberculosis but no death from Non-Pulmonary Tuberculosis was reported. The death rate from all forms of Tuberculosis was 0.21 per 1,000 estimated population as compared with 0.28 per 1,000 estimated population in 1952 and with 0.20 per 1,000 estimated population for England and Wales.

Last year the Mass Radiography Unit visited Worsborough for the first time and the response of the people to the visit was most encouraging. 1736 people took advantage of a chest X-Ray during the short stay of the unit, which total included 192 school children in their final year at school. The visit of the unit probably accounted for the slight increase in the number of notifications of Pulmonary Tuberculosis for finding the disease in its early and curable stages is the major purpose of mass radiography. Further progress was made last year in the B.C.G. vaccination scheme for child contacts of open cases of Pulmonary Tuberculosis. I would like to thank the Council for the accommodation facilities so readily offered to the Mass Radiography Unit and for the re-housing of the infectious patients where re-housing was indicated as a preventive measure.

Tuberculosis—Record of Cases during 1953.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st January, 1953	35	28	9	6
No. of cases notified for first time during year	5	7	—	—
No. of cases restored to register	—	—	—	—
No. of cases added to register otherwise than by notification	2	—	—	—
No. removed to other districts	1	2	2	—
No. cured or otherwise removed from register	1	1	—	1
No. died from disease	3	—	—	—
No. died from other causes	—	—	—	—
Total at end of 1953	37	32	7	5

Tuberculosis—New Cases and Mortality in 1953.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0— 1	—	—	—	—	1	—	—	—
1— 5	1	—	—	—	—	—	—	—
5—10	—	2	—	—	—	—	—	—
10—15	1	—	—	—	—	—	—	—
15—20	—	1	—	—	—	—	—	—
20—25	—	—	—	—	—	—	—	—
25—35	—	2	—	—	—	—	—	—
35—45	1	1	—	—	—	—	—	—
45—55	1	—	—	—	—	—	—	—
55—65	—	—	—	—	—	—	—	—
Over 65	1	1	—	—	2	—	—	—
Totals	5	7	—	—	3	—	—	—

Tuberculosis—New Cases and Mortality for the past 10 years.

Year	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1944	14	2	2	5
1945	9	5	4	2
1946	9	8	3	1
1947	12	5	9	2
1948	13	4	11	5
1949	14	3	3	1
1950	16	4	3	2
1951	14	3	3	1
1952	10	5	4	—
1953	12	—	3	—

ANNUAL REPORT

of the

Sanitary Inspector and Cleansing Superintendent

for the year of 1953.

Gentlemen,

I have great pleasure in submitting to you my Annual Report on the sanitary circumstances of your district and of the work carried out by the Sanitary Department.

It is first my pleasant duty to record my appreciation of the continued support given by the members of the Council and also by my fellow officials.

I should also like to say a special word of thanks to Dr. Hynd, and the Chairman of the Public Health Committee for their continuation of that support and co-operation which they have always given in the past. My thanks are also due to the Additional Inspector and my clerk for their loyalty and support.

The Additional Inspector, Mr. Wadsworth, returned from National Service in June and his return was immediately felt, and clearly demonstrated how difficult the preceding nine months, without assistance, had been.

In the following pages I have dealt with those matters which may not be more important, but do seem more interesting, than the many, many other matters which are never recorded but nevertheless form a large percentage of the day to day work which sanitary officers perform.

Your obedient servant,

LYNDON DOVE,

Chief Sanitary Inspector.

Water Supply.

As in previous years, the Engineer and Surveyor has dealt with the details of the bulk supply in his contribution to the Report, and again my comments are restricted to those properties which do not enjoy the benefit of a mains supply.

There were seven such cottages at the beginning of the year and they were as follows :—

11a to 15, Dovecliffe Cottages	.....	.....	4 houses.
Dovecliffe Station	.....	.....	2 houses.
Keeper's Cottage, Round Green	.....	.....	1 house.

The first four houses depend on a spring supply which has not failed for natural reasons during my term of office. The water delivers into a covered storage tank and is then laid in pipes and delivers over each house sink through an ordinary tap. We have given much thought to providing a water main to the houses but the cost is out of all proportion to the value of the property. The nearest main is some 200 yards away with a canal and a main railway line intervening.

The two cottages at Dovecliffe Station are even further from the nearest main supply. Their supply however, is delivered daily in churns from Stairfoot station and so they do actually receive town's water. The two cottages form part of the station buildings, and are occupied by railway employees. When one of them recently became vacant I approached the Railway Executive to try and secure its closure, but they exercised the privilege they have in law and re-let the house.

The remaining house at Round Green is served by a well which the owner assures me is 180 feet deep, and therefore obviously penetrates the first impermeable stratum. Regular sampling over the years has always demonstrated the water to be of good organic purity. The supply, however, passed out of being, as indeed did the house, for reasons given under the next heading.

Water Sampling.

Seven samples of water have been submitted for bacteriological examination during the year.

The first of these was taken from the churns which are delivered by rail to Dovecliffe Station Cottages. The report was entirely satisfactory.

A sample was taken from the tap of one of the houses at Dovecliffe Cottages referred to in the previous paragraph and the report showed the presence of b.coli in a small quantity. This sample had been taken following very heavy rain which could have been responsible and so a further sample was taken a few weeks later and this was free from b.coli.

A routine sample was taken from the well supply to Keeper's Cottage, Round Green, and this also contained b.coli. organisms. A second sample was taken three weeks later and the number of b.coli. organisms had risen from 5 per 100 ml. to 160 per 100 ml., and a third sample taken a week later shewed that the B.coli. count had now reached the Laboratory's maximum count of 180 plus. In the meantime investigation had shewn that the tenant had unauthorisedly erected a piggery at the extreme rear of the garden which he had connected to a land drain which in turn connected with the house drains. On uncovering the drain it was found to be leaking very badly and neat sewage was seeping into the well. Unfortunately, the well was actually under the flagged floor of the living room. The nearest town's water supply was 150 yards away and belonged to Penistone R.D.C.

Having regard to the extreme depth of the well (180 feet) and its inaccessibility, and the age and condition of the house itself, the owner agreed to the Council rehousing the tenant and the cottage being demolished under the terms of the Housing Act.

Closet Accommodation.

The Council continued to make a grant of half the cost of any conversion from either privies or waste-water closets into proper water closets up to a maximum of £12/0/0. and allocated a sum for this purpose in the General Rate Demand. The financial year does not, of course, coincide with the calendar year covered by this report, but at the end of the latter, four waste water closets and one privy had been converted into water closets.

The number of sanitary conveniences of all types in the district are as follows :—

Privies with covered middens	.....	.....	.....	.....	63
Pail or tub closets	.....	.....	.....	.....	2
Chemical closets	.....	.....	.....	.....	4
Water closets (approx.)	.....	.....	.....	.....	4253
Trough closets	.....	.....	.....	.....	2
Waste water closets (approx.)	.....	.....	.....	.....	25

The last figure is not accurate and represents only those of which I am aware. I have no doubt this number would be increased if a survey were taken, but this does not seem worthwhile until we have abolished those which we are aware of.

There is an addition of four chemical closets this year. This is due to two pail closets serving the four Dovecliffe Cottages having been altered into chemical closets and the owner having been persuaded in addition to build another two lavatories complete with chemical closets. It will be appreciated that these cottages have no sewer as well as no town's water.

Public Cleansing.

Street sweeping, gully emptying and maintenance of public conveniences are under the supervision of the Council's Engineer and Surveyor.

There are three men's urinals on the trunk road which runs through the district, one at Cutting End, one at Furnace Yard, and one at Birdwell. I think the last two could very usefully be more conspicuously labelled for the benefit of motorists. There is a fourth urinal at the bottom of High Street, Worsborough Dale.

There are no public water closets in the area, nor is there any provision for women.

House Refuse Collection.

The collection and disposal of house refuse is carried out by direct labour under my control.

For the work two Dennis vehicles are in regular use, one is a 10 cubic yard capacity and the other a 7 cubic yard. We also have a 7 cubic yard Karrier Bantam which is in part-time use.

During the year we increased our staff for the first time since I took over control. We now have one foreman, two drivers, nine loaders and one tipman.

This is a mining area where most of the householders have an entitlement of one ton of coal per month as part of their wages. Although few take their full allocation, they all burn far more coal than other members of the public and therefore we have a very high and a very heavy refuse yield.

Throughout the year we have continued to empty dustbins every seven days, and only for very short periods following holidays have we deviated from this. Middens are emptied every fourteen days. This high standard of service has only been made possible by the efforts of the foreman and the men themselves who always "pan up" by the end of the week whatever the weather.

Refuse Disposal.

The disposal of refuse is by controlled tipping in strategic parts of the district.

The main tip is still low lying agricultural land at Brough Green which was subject to flooding in winter. We also tip Birdwell refuse one day per week at Pilley Lane where we are raising more land prone to flooding, and one morning per week filling in a quarry at Blacker Hill.

For a long time now we have been indebted to the Surveyor for a good supply of surplus clay and soil from the housing estates, which has served us well for covering material. During the year under review this source has run out, or at least been used for other essential purposes, and it has been difficult to see that the tips conform to the Ministry's standard, and in windy weather especially they do give rise to some dust nuisance. Fortunately none of our tips are near houses.

Tents, Vans and Sheds.

There are no sites in the district licensed by the Council for moveable dwellings.

The Council have never favoured the use of this type of dwelling and have consistently refused all applications with the exception of those needed by work people, engaged on outcrop mining operations in the district or similar work. Two such vans are licensed for limited periods and both are satisfactory in construction and provision of amenities.

Smoke Abatement.

It is regretted that it is still not possible to record the end of grit emission at Blacker Hill.

This is not due to any lack of action by the Council, nor by the Barnsley & District Coking Company. As reported last year, this Company agreed to install grit arresting equipment, and placed an order for its supply. The firm in question promised delivery in six months, but at the end of the year it still had not been supplied. In the meantime, the Company had gone ahead with certain structural modifications which did result in some diminution in the emission of grit, but a complete cure will not be achieved until the whole installation is fixed.

The only other industrial chimneys which emit smoke in any quantity are those at Barrow Colliery, but fortunately they are not situated so as to give rise to actual nuisance. They do, of course, still contribute to atmospheric pollution.

The most acute smoke problem in the district is undoubtedly that caused by domestic chimneys, and this seems incapable of solution under the existing arrangement whereby miners, who form the highest percentage of our local population, receive home coal as part of their wage structure. An alteration of wage conditions is always a delicate matter, but a great public service would be performed if somehow, someone could secure that this allocation of home coal was made with smokeless fuel such as "Coalite", or even that miners receive preferential terms for gas or electricity where they solely use that form of cooking. Surely, with all the three forms of fuel being publicly owned, some such arrangement could be worked out.

Three minor complaints of smoke nuisance were dealt with during the year. One was at a coal outcropping site where temporary office accommodation was erected in close proximity to dwellinghouses at Birdwell. These offices were provided with combustion stoves in which they were burning the coal produced on the site and emitting dense smoke from a low level chimney. It was only necessary to interview the manager who immediately scrapped the stove and provided electric fires.

The second case was one of emission of smoke from the chimney of a hosiery factory in the district. The boiler at these premises is fed by an automatic stoker and no nuisance should arise. An immediate visit shewed that the regular boilerman was on holiday and his substitute was creating the trouble by cleaning out the firegrate in an inefficient manner.

The third case was a very simple one in which a house owner had moved a washing copper from inside the kitchen to a small outbuilding which had a low chimney. It was only necessary to draw his attention to the nuisance and he agreed to replace the old fashioned copper with an electric boiler.

Colliery Spoilbanks.

There is only one colliery spoilbank in the area, and apart from its extreme ugliness, the management of the Colliery are to be complimented on the way they have managed to keep it under good control at all times. The amount of visible burning which occurs is negligible and it certainly gives rise to no nuisance.

Eradication of Bed Bugs.

The furniture and effects of twelve tenants of new council houses were subjected to van fumigation during the year. It is a condition of tenancy that where such treatment is considered necessary it shall be done and the cost be borne equally by the tenant and the Council.

There were also twenty-one other cases of bugs being discovered either by routine inspection or direct request for assistance by tenants and in these cases disinfestation was carried out by spraying with liquid insecticides. A fixed charge is made for this service according to the number of rooms treated.

Rodent Control.

The Council carry out the requirements of the Ministry of Agriculture and Fisheries to the full in regard to this matter.

One part-time rodent operator is employed on the work and he was spending approximately half his time doing this job towards the end of the year.

We have always carried out the two sewer treatments asked for by the Ministry and these must have been done efficiently in the past for when the results of our first treatment during the year under review were studied by them, they informed us that it would not be necessary to carry out the second treatment later in the year.

Allotments and refuse tips are closely watched and frequently treated.

148 infestations by rats or mice were dealt with during the year.

Other Pests.

We are still receiving many complaints of infestation by cockroaches.

The Council issues a free supply of insecticide powder to householders for this purpose and during the year fifty-seven householders received such a free issue.

The eradication of cockroaches is a long and difficult process and can only be achieved when the tenant really persists in carrying out the treatment.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The control of milk production is in the hands of the Ministry of Agriculture and Fisheries, and sanitary officers are not responsible for the maintenance of cleanliness in cowsheds.

During the year, the long awaited and much overdue legislation came into effect whereby after the 1st May, 1953, it was only permissible to sell designated bottled milk in the area. This was a tremendous step forward in the interests of public health but one which will perhaps never be fully appreciated, except by those who will see the decline in the number of cases of bovine tuberculosis, especially in children.

Milk Sampling.

With the retail supply of milk coming mainly under the control of the large dairy concerns with their modern equipment, I believe that infringements of milk legislation become daily more rare.

This belief, however, does not prejudice the check we still make on the public's milk supply and during the year 34 samples were submitted to the Public Health Laboratory at Wakefield for the test appropriate to the milk.

Seventeen samples were submitted for biological examination for the presence of tuberculosis. The subsequent reports shewed that none of the guinea pigs inoculated shewed evidence of tuberculosis when killed.

The remaining seventeen samples were all heat-treated milks, seven being tuberculin tested (Pasteurised) and ten ordinary pasteurised, and all were also satisfactory.

The number of samples taken is lower than in previous years, but this is due to the fact that since the new legislation came into effect in May, the number of local producers has fallen from six to one, and the number of dairies sending milk into the area has also reduced.

Meat Supply.

The whole of the fresh meat supply is killed at the Barnsley Abattoir and delivered direct to the shops in vans of modern construction.

It was necessary on one occasion to make complaint to the Barnsley Corporation concerning the condition of the meat as it was being received at our shops. This was obviously being improperly cooled, due to the inadequate facilities for cooling at the abattoir and which have long been the source of much concern. We received reply that the inadequacy was admitted but the Corporation were already considering a scheme for improvement.

The general standard of cleanliness in our meat shops is very good, and we enjoy full co-operation with our butchers.

The number of pigs slaughtered for home consumption declined still further and only thirty three carcasses were inspected. The only redeeming feature of this decline is that it marks the end of many small pig styes which were a heritage of the war years and frequently gave rise to annoyance and nuisance.

It was only necessary to condemn the following :—

1 whole carcase and organs Fevered.

1 pig's liver Cysts.

The only other meat killed was a calf slaughtered by a farmer for home consumption.

Ice Cream.

There were twenty-two premises registered under section 14 of the Food & Drugs Act 1938 for the sale or manufacture of ice cream.

With the exception of one, all the premises are for sale only and comprise the usual small family grocery shop. These all have a conservator and sell a pre-wrapped product only.

There is one ice cream factory in the area, and although it is conducted on good lines we did experience some trouble here during the year. A sample of this firm's product taken at a retail shop was returned as Grade 3 and a visit was made to the factory at once. Two samples taken there were returned as Grades 3 and 4, and obviously some action was necessary. A special run-through was arranged and samples taken at every stage of manufacture under close supervision and we still only obtained grade 2 samples even direct from the pasteuriser. The thermometer on this was sent for checking and found to be 8° in error. Since a new thermometer was fitted we have had nothing but Grade 1 samples.

Altogether 30 samples of ice cream have been taken of the various types with the following results :—

		Total number of samples	Provisional Grades			
			1	2	3	4
Manufacturer	1	2	2			
Manufacturer	2	4	4			
Manufacturer	3	5	5			
Manufacturer	4	2	2			
Manufacturer	5	13	3	6	2	2
Manufacturer	6	3	3			
Manufacturer	7	1		1		
Totals		30	19	7	2	2

Other Foods.

A complaint was made by one householder about a loaf of sliced bread which was found to contain a large wood splinter. The matter was taken up with the large bakery company involved and they were obviously very concerned. They invited me to go and inspect their bakery which was in another area, and offered me full facilities to inspect and criticise their methods. The Council considered the matter and decided not to prosecute in this case but issued a warning that any similar occurrence would be regarded as serious and proceedings taken.

The following articles of food were also condemned at various food shops :—

24½ lbs. Bacon	.....	.....	.....	.....	.....	Tainted
5½ lbs. Butter	.....	.....	.....	.....	.....	Rancid
7 lb. tin Shoulder ham	.....	.....	.....	.....	.....	Putrefaction.

Food Hygiene.

The importance of food hygiene has continued to be impressed on food handlers throughout the year.

A course of lectures was given by myself during the year at the Ward Green Evening Institute under the West Riding County Council. The lectures were primarily intended for school canteen workers and school meal helpers, but an approach was made to industrial concerns who also sent along their own canteen workers. The class consisted of 24 students and this number did not decrease despite the very bad weather we had for the whole of the time, and I think there is no doubt that the lectures served a good purpose. It was decided to run a similar course next winter.

Five notices were served under the Food & Drugs Act. Three were on owners, requiring structural alterations to food preparing premises and two were on occupiers for contraventions of section 13. One of these was for the provision of soap and towels, and the second for cleansing of walls and ceiling.

HOUSING.

New Houses.

The Council deserve full credit for pursuing their vigorous building programme which is to build every house they are permitted to do, and then ask for more.

During the year they completed 92 permanent houses. Of these, 28 were built by direct labour, 32 by contractors, and a further 32 "New traditional" type erected by Messrs. Spooners of Hull.

Only three houses were completed by private enterprise during the year, which is a very low number indeed. I do not know whether this is due to lack of individual building plots, or to a lack of interest by our inhabitants in building and owning their own house.. It is not due to any lack of the Council in operating, and frequently publicising, the provisions of the Small Dwellings Acquisition Act.

Council House Lettings.

Tenants for new houses are selected by the Council itself, and for re-lets, by the Housing Manager.

The selection of new house tenancies is from a list prepared jointly by the Housing Manager and myself, an arrangement which enables me to present those cases of bad overcrowding, unfit houses, and other public health cases which need consideration.

Sufficient tenants are selected at the one meeting to occupy the whole of the houses being built during the year. This arrangement does give the prospective tenants ample time to save for the additional or new furniture they will require in their new house.

We have worked in the closest harmony and co-operation with the Housing Department and we do try and ensure that the most deserving cases get the houses.

The system of exchange of houses which the Council has always encouraged has been maintained, and by it many cases of overcrowding are relieved. In every case of an exchange, the Housing Manager does not allow it, until we have been and inspected both houses for the presence of vermin. 18 families were involved in these exchanges during the year.

54 cases of overcrowding were relieved during the year under review. The number of statutory cases of overcrowding in the district must now be very small, but the standard laid down in the Act has always been inadequate and the Council have always preferred to judge overcrowding on the bedroom accommodation of a house, and not on the legal standard.

Repair of Houses.

There has been no diminution in the problem of repairs to houses during the year and it is still necessary in many cases to have to press really hard for work to be done.

With the new Housing Repairs and Rents Act on the horizon I believe many owners may be delaying repairs so that they can carry them out when the Act becomes law and thus qualify for the repairs increase at an early date, by satisfying the financial requirements which must precede a rent increase.

We have continued to rehouse tenants from the 51 houses comprised in Jarrott's Buildings, Worsborough Dale, and take advantage of the arrangement with the owners whereby these houses remain closed. At the end of the year eight of the houses had been so closed and sealed up by the Council.

Whilst the arrangement is both admirable and progressive, it does have one drawback. As the empty houses become boarded up, the general atmosphere and appearance of the area as a whole becomes more and more depressing, and the remaining tenants become more discontented. There can be no doubt in anyone's mind that this must be the very first clearance area to be dealt with by the Council as soon as it is possible to do so, and I eagerly await the allocation of sufficient houses by the Housing Committee to enable us to go into action at Jarrott's Buildings.

Two other unfit houses were closed voluntarily by the owners after the tenants had been re-housed by the Council.

One of these was No. 12 Ebenezer Square Worsborough Dale, which was seriously overcrowded in addition, and the tenants were re-housed in a four bedroomed Council house.

The other house was in a better condition but matters were precipitated when the well water supply became grossly contaminated by sewage. This was Keeper's Cottage, Round Green, and has been mentioned earlier in my report. The house was eventually demolished.

Housing Act, 1949.

It is a great pity that more advantage has not been taken of those provisions of this Act which allow for a grant of up to 50% of the cost to be made to owners who improve their dwellinghouses up to a standard laid down in the Act. This is an excellent piece of legislation and one which the Council takes every opportunity to bring to the notice of owners of that type of property which would benefit most from the suggested works of improvement. I feel the biggest deterrent is the fact that only works of actual improvement rank for grant, and not works of maintenance or repair.

During the year only one application for improvement grant was received for improvements amounting to £157/7/0. This was approved and a 50% grant made to the owner-occupier concerned. The work was still proceeding at the year end.

HOUSING STATISTICS.

1. Inspection of dwelling houses during the year.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	131
(b) Number of inspections made for the purpose	795
(2) (a) Number of dwellinghouses (included under subhead (1) above) which were inspected and recorded under the Housing Consolidated Regulations	Nil
(b) Number of inspections made for the purpose	Nil
(3) Number of dwelling houses needing further action :—	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	7
(b) Number (excluding those in subhead (3) (a) above) found not to be in all respects reasonably fit for human habitation	124

2. **Remedy of defects during the year without service of formal notices.**

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	99
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3. **Action under Statutory Powers during the year.**

A. **Proceedings under Sections 9, 10 and 16, Housing Act, 1936:—**

(1) Number of dwelling houses in respect of which notices were served requiring repairs	1
(2) Number of dwelling houses which were rendered fit after service of formal notices :—	
(a) By owners	1
(b) By Local Authority	—

B. **Proceedings under Public Health Acts.**

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	124
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :	
(a) By owners	25
(b) By local Authority in default of owners —	

C. **Proceedings under Sections 11 and 13 of the Housing Act, 1936.**

(1) Number of representations etc., made in respect of dwelling houses unfit for habitation	7
(2) Number of dwelling houses in respect of which Demolition Orders were made	1
(3) Number of dwelling houses demolished in pursuance of Demolition Orders	1

D. Proceedings under Section 12 of the Housing Act, 1936.

(1) Number of separate tenements or underground rooms, in respect of which Closing Orders were made	Nil
(2) Number of separate tenements or underground rooms, the Closing in respect of which were determined, the tenement or room having been rendered fit	Nil

4. Housing Act, 1936 — Part IV. — Overcrowding.

(a) (1) Number of dwellings overcrowded at the end of the year	32
(2) Number of families dwelling therein	41
(3) Number of persons dwelling therein	161½
(b) Number of new cases of overcrowding reported during the year	61
(c) (1) Number of cases of overcrowding relieved during the year	54
(2) Number of persons concerned in such cases	173

New Houses.

5. Numbers of new houses provided during the year :—

By the Local Authority — Permanent type	9
Temporary type	—

6. Housing Act, 1949.

Any action in connection with Section 20, “Grant to persons other than local authorities for improvement of housing accommodation”.

One application received for improvement works amounting to £157 and 50% grant made. Work proceeding at year end.

Other Sanitary Matters.

Sewage Plants.

We have several cottages in the lovely rural parts of our district which are not served by sewers. Some of these have small sewage plants and during the year, two of them were enlarged and made more efficient.

River Pollution.

A complaint was received from the owner of the old Worsborough Bridge Corn Mill that the water which drives the grinding wheels was being heavily polluted and giving rise to serious nuisance within the mill.

The matter was referred to the West Riding Rivers Board and at the end of the year the matter was still being probed by them.

Toys for Rags offence.

Proceedings were instituted during the year against one offender who was caught giving toys to young children in exchange for rags. The man was seen outside a school with toys arranged on the footpath and he was warned that proceedings would be taken if he gave them to children. We informed the police and they found he had ignored the warning and was doing a busy trade. That we were wise in calling in the police was proved when it was found that the man gave a wrong name and address.

The magistrates imposed a fine of £2/0/0 and costs. My own feeling is that parents are equally to blame for the continuance of this kind of business. They cannot possibly have given any thought to the conditions under which many of these toys must have been stored and handled before their child gets them, or to the type of some of the persons who blow up balloons before their own children start blowing them up again.

Pet Animals Act, 1951.

There is only one business of this description in the district, and the premises are entirely satisfactory for the purpose.

SANITARY VISITS AND INSPECTIONS.

Infectious disease.

Inspections	87	
Disinfections	6	
T.B. domiciliary visits	11	
	<hr/>	104

Sanitary matters.

Nuisance visits	340	
Nuisance re-visits	858	
Piggeries	5	
Disinfestations	20	
Refuse tip inspections	45	
	<hr/>	1268

Miscellaneous visits.

Factory inspections	34	
Interviews and appointments	238	
Miscellaneous journeys	245	
Council house exchanges	18	
Public Health Act inspections	332	
Overcrowded house visits	180	
Schools	2	
Rodent inspections	124	
Colliery spoilbanks	12	
Smoke observations	1	
Moveable dwellings	1	
Hairdressing shops	21	
	<hr/>	1208

Food inspections.

Canteens	24	
Bakehouses	36	
Butcher's shops	45	
Other shops	62	
Ice Cream factory	13	
Fried fish shops	35	
Milk samples	34	
Ice cream samples	30	
Water samples	7	
Meat carcase inspections	34	
Condemned food inspections	4	
	<hr/>	324
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		2904
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